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Among the most needy groups, migrant students who--transfer from school district to school district, within or between states, accompanying their parents on a quest for seasonal employment--may be the most "at risk" group of all. Yet, many of these students are not identified for needed special education services in a timely manner. This Digest describes the obligations of schools to provide such services and discusses approaches to referring students, assessing children, working with families, and placing children in special education programming.

THE OBLIGATION AND THE NEED

Federal law mandates special education services for all children in the United States who need them from birth to age 21. Legislative evolution of this mandate began with the Education for All Handicapped Children Act of 1975 (P.L. 94-142) and continued with passage of the Individuals with Disabilities Education Act of 1990 (IDEA) (P.L. 101-476). The law requires that children be fairly assessed in their native language, and classified according to type of disability (such as hearing impaired, learning disabled, speech and language impaired, mentally handicapped, developmentally delayed, or many other such classifications). Children are to receive educational services they need to be successful at school in the least restrictive environment through an individualized educational program.

Although the past 25 years have seen a progression of legislation and regulations to reform special education, the needs of migrant children with disabilities have received little attention (Figueroa, 1993). One long-standing barrier to the delivery of adequate special education services to migrant students has been the lack of interdisciplinary information sharing among regular, migrant, and special educators (National Policy Workshop on the Special Education Needs of Migrant Handicapped Students, 1984). Although they have not attracted much attention from the special education reformers. migrant students with disabilities may be among the most severely affected by physical and mental conditions resulting from poverty, poor nutrition, and multiple health problems (Baca & Harris, 1988). The U.S. Office of Special Education (1998) reports that nearly 8% of public school students receive special education services under IDEA. Migrant children are not exempt from the conditions underlying these statistics, and some need the services of special educators, as well as instruction by teachers of English for speakers of other languages, to benefit from the rest of the school program.

REFERRING STUDENTS

The referral process takes time and includes requirements that vary among agencies, districts, and states. This Digest includes general information about the process for the school-aged child.

When teachers notice a child having difficulty in the classroom, they should refer the child to a "child study team." The difficulties observed may be in communication,

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learning, behavior, emotional state, or other areas. A child study team is usually made up of teachers, psychologists, speech and language pathologists, social workers, or other professionals as needed. If the student shows some learning difficulty, strategies to correct the difficulty must be put in place and documented within a reasonable time.

When classroom strategies do not correct the difficulty, parental permission to test must be requested. An educational screening is done first to determine if further testing is necessary. This screening usually consists of tests for nonverbal ability, vocabulary, math, and reading and writing skills. If the need for further testing is detected, the child is then referred for an in-depth assessment. Because migrant students may spend less than the usual amount of time within a particular school, educators must move "quickly" to complete the process, which will allow access to needed special education services.

ASSESSING THE CHILD

Because most migrant students are from Hispanic (primarily Mexican) backgrounds, multidisciplinary assessment teams should include bilingual educators along with the speech and language pathologists, psychologists, and other specialists. The children's language and cultural backgrounds will affect every aspect of the needs assessment process (Collier & Hoover, 1987). Assessments conducted in the student's native language, using a combination of standardized and qualitative information, such as teacher and parent questionnaires, will produce the most reliable and valid information. Evaluators must consider as many aspects of the student's life circumstances as possible to accurately interpret the results of educational testing. In particular, a student's emotional well-being, length of time in the United States, and overall health status must be studied and considered. Migrant students' experiences may vary so greatly from experiences required for good performance on U.S. educational achievement measures that the tests prove invalid for such youngsters. Thus, background information is essential for adequate assessment (Hamayan & Damico, 1991). The following sections describe some best practices that can help educators address migrant student needs in different and creative ways.

Most schools have a waiting list of children to be assessed by a school psychologist or other specialists. Because of their transience, though, migrant students should be given testing priority to speed along the process.

IDEA states students must be assessed fairly in their native language. If these services are unavailable, providing a trained interpreter would be the next best option. Small school districts must consider contracting services from qualified personnel in the community or nearby counties. In the event a psycho-educational evaluation is necessary, instruments such as the Leiter International Scales-Revised (Roid & Miller, 1997) are highly recommended. Tests such as the Language Assessment Scales-Reading/Writing (Duncan & De Avila, 1988) that compare limited-English-proficient (LEP) students with other LEP students are suggested. If a

bilingual speech and language evaluation is recommended, instruments such as The Clinical Evaluation of Language Fundamentals-3, Spanish Edition (Semel, Wiig, & Secord, 1997) or The Preschool Language Scale-3 (Spanish) (Zimmerman, Steiner, & Pond, 1993) and communication performance scales should be considered. These performance scales include the Bilingual Classroom Communication Profile (Roseberry-McKibbin, 1993) and the Observational Rating Scales (Semel, Wiig, & Secord, 1996).

Standardized instruments must be interpreted with "caution." If English normed tests are used, the evaluator must interpret the results especially carefully. Research by Zimmerman, Steiner, and Pond (1993) shows that Hispanic children score nine to ten standard points lower than the population for which the test was normed. Therefore, test scores must be interpreted carefully before eligibility and placement decisions are made.

WORKING WITH PARENTS

Special education procedures may be totally foreign to migrant parents. And while families vary, educators will likely encounter particular challenges that are attributable to cultural and experiential differences between school personnel and migrant parents.



*Keep in mind that migrant parents usually connect better with a person than an institution. In fact, personal contact brings extremely positive results.



*Find a person willing to be the regular liaison who speaks the parents' language, and include this person in all meetings with parents.



*Establish confianza (trust) among special educators, parents, and the liaison. The special education process can be very intimidating to parents. The liaison can explain the procedures and documents in the parents' language, decreasing their fear.



*Follow up on documents sent home and not returned to the school. Sometimes, documents are not returned due to fear of the system; other times, parents are illiterate in both English and Spanish.



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*Clearly explain how and why the child will benefit from the program.



*Walk the parents through each step of the process and do not assume they understand it just because they agree with the educators.



*Ask questions to make sure the parents understand the process.



*Encourage parents or take them to visit special education classrooms before the student is placed into a program.



*Reassure the parents of their rights under the law and of the benefits of the program.



*Explain that these problems are not "contagious," to reassure parents of the child's safety.

PLACEMENT

A child study team may be ready to place the student into a particular education program only to find that the student has already left the school. To avoid this scenario, schools must pursue interventions quickly. After the evaluation is complete, the child study team meets with parents to explain the testing results and discuss how best to address the student's educational needs. If special education services are needed, the team (including the parents) will design an individualized educational program, and parents must give their consent. At the end of the process, place a copy of all the documents in an envelope and urge the parents to keep them in a safe place so they can present them when registering the child at other schools.

The special education process requires complex procedures and documentation that can be intimidating to migrant parents, especially if someone asks a question about their legal status in this country. Educators should be aware that asking such questions is illegal. Reassure the parents that the procedures have been designed to protect their rights and are only a part of the placement process.

SUMMARY AND RECOMMENDATIONS

Many migrant students need special education services, provided in a timely manner. To better serve this particular population, the following actions are recommended: (1) migrant children should be referred for special education services when needed, (2) the assessment and placement process must be carried out quickly, (3) cultural and linguistic differences must be considered when testing and placing this population, (4) educators must establish "confianza" or trust with the parents to obtain positive results and gain their cooperation in transferring documents to the next school, and (5) interagency communication and cooperation are essential to successfully serve these children.

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